PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR SMALL ENTITY		
TOTAL CLAIMS			13				١	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			23 minus 20=		. 3			X\$ 9=	27	OR	X\$18=	拼	
IND	EPENDENT CL	AIMS	1 minus 3 =		* B			X42=	8	OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	8	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in colu							ı	TOTAL	397	OR	TOTAL		
CLAIMS AS AMENDED - PART II								•			OTHER SMALL I		
		(Column 1)		(Colu	mn 2) HEŞT	(Column 3)	, ,	SMALL		OR I I	SWALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA	ŀ	RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE	
	Total	* 22	Minus	**)	L3	=		X\$ 9=		OR	X\$18=		
	Independent	• 2	Minus	***	3	-	4	X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	TCLAIM		J	+140=.		OR	+280=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B	t y	CLAIMS REMAINING AFTER AMENDMENT	i;	HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18≃		
	Independent	*	Minus	NAN		=		X42=		OR	X84=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
										OR	, TOTAL		
		<u> </u>	JON	ADDIT. FEE									
_		(Column 1) CLAIMS			umn 2) HEST	(Column 3	3)		100	1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUI PREV	MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=-	4	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL		OR	TOTAL		
	If the 'Highest No	umber Previously I	Paid For" IN Th	(IS SPACI	E is less th F is loss th	ian 20, enter "i ian 3. enter "3		ADDIT, FEE	L	•	ADDIT. I LI	<u> </u>	
	The 'Highest Nu	mber Previously P	aid For (Total	or Indepe	ndent) is th	ne highest nun	nber fo	ound in the ap	obtobuste p	UX (I) C	Д ЯЦППТ 1.		